



Hôpital général juif

Jewish General Hospital

HÔPITAL GÉNÉRAL JUIF - JEWISH GENERAL HOSPITAL

Minutes of Meeting of Table des chefs

November 29th, 2017 at 17h00 in the Nurses' Lecture Hall

Present:

Ms. L. Miner - Chair

Dr. M. Martin

Dr. C.A. Vasilevsky

Dr. M. Radhakrishna

Dr. J. Beardsley

Dr. S. Probst

B. Lapierre

Dr. F. Bladou

Dr. I. Amir

Dr. P. Wiczorek

Dr. D. Laporta

Dr. M. Malus

Dr. W. Miller

Dr. M. Levental

Dr. E. MacNamara

Dr. J. F. Morin

Dr. R. Friedman

Dr. L. Rudski

Dr. S. Fraser

Dr. W. Foulkes

Dr. M. Schwartz

Dr. S. Hoffman

Dr. A. Hirsch

Dr. J. Minuk

Dr. V. Jimenez

Dr. W. Gotlieb

Dr. T. Vuong

Dr. M. Tamilia

Dr. N. Hilzenrat

Dr. M. Schweitzer

Dr. M. Baron

Dr. D. Obrand

Dr. K. Looper

Dr. M. Karanofsky

Dr. A. Papageorgiou

Dr. D. Zukor

Dr. C. Ziegler

Dr. M. Hier

Dr. R. Shear

Invited guest: Dr. G. Ghitulescu

1.0 Minutes:

Dr. Miner referred to the minutes of June 7th which were accepted as presented.

2.0 Report from the Chief Medical Information Officer:

Dr. Miner introduced Dr. Gabriela Ghitulescu, the Chief Medical Information Officer. Dr. Ghitulescu briefly outlined her role as well as the structure of the IT Steering Committee. She referred to the importance of ensuring that everyone is kept up-to-date on the latest developments. She mentioned that her committee will need the physicians' help in selecting software and choosing IT projects and prioritizing them.

3.0 Call schedule:

Dr. Miner talked about call schedules which will be managed through a Petal MD platform. The hospital plans to amalgamate all the call schedules into a hospital call schedule. This will allow easy access to the call schedule, ease of making call switches and will provide a secure text-messaging platform. All division chiefs will receive a message from Petal MD to find out who currently makes the call schedule.

4.0 Summary of meetings with Dr. Bureau:

Dr. Miner informed everyone that overall the DPS in the province have made requests for an additional 894 PEMS; the FMSQ has supported 751 of those PEMS and the Ministry has allocated 205. The Ministry also calculated that there may be another 127 spots and is looking at individuals who are retiring.

Dr. Miner noted that associate status is theoretically on moratorium and the Ministry is reviewing this case by case. Associates are to be reviewed every two years.

5.0 Bill 130:

Dr. Miner referred to the PowerPoint presentation of Bill 130 which is an Act to amend certain provisions relating to the clinical organization and management of health and social services institutions. This draft document is intended for the DPS, the Executive committee, and department heads; its purpose is to inform those concerned about the changes introduced by Bill 130 with regard to medical governance. She has been instructed to send in the current structure which is the department structure that is in the law. The Ministry is willing to make a delegation and allow other departments if documentation is submitted explaining why certain services should be departments and not divisions.

As before, Department chiefs must draw up rules governing the use of medical and dental resources and of material resources used by physicians and dentists. Now the rules governing the use of medical and dental resources used by physicians and dentists drawn up by department chiefs must formally take into account accessibility to medical services.

The term "neglect" has been removed to introduce "refuses or delays"; that is when the department head refuses to draw up the rules or is slow to do so, the DPS or the DG must develop them.

The rule requiring the department chief to ensure respect of the rules governing the use of department resources to inform the DPS or CPDP of any violations remains the same. The rule stating that the governance of the use of department resources must provide for administrative sanctions (not considered disciplinary) which may have the effect of limiting or suspending the right of a physician or dentist to use the resources of the institution; also is the same as before. However now the Board of Directors must be informed of the reasons motivating the imposition of administrative sanctions and the nature of the sanction which did not go to the Board of Directors before.

It has been maintained that the Board can ask the CMDP to develop the rules. It has been added that the Board can also ask the CEO rather than only the CMDP.

The CEO must obtain from the CMDP a recommendation on the qualifications and skills along with the status and privileges that should be granted. The CMDP and the DPS should be consulted on the obligations that must be attached to the granting of privileges.

These obligations must be clearly established and their aim is to ensure the physician's or dentist's involvement in the institution's responsibilities including access to services, their quality and relevance.

Before appointment or renewal, the physician or dentist is invited to comment on these obligations. The CEO sends the physician's comments to the Board where they will be discussed.

Dr. Miner referred to renewal of privileges noting that when the law is in effect there will be an evaluation to see whether the agreed upon obligations were respected. Agreement can also be changed if need be. She mentioned a 2 year renewal of privileges as well as a specific way to write the obligations and privileges to be brought to the Board.

The resolution must provide: 1) the assigned status, 2) the privileges and the duration for which they are granted; 3) the nature and scope of the medical activities that the physician may perform; 4) the obligations related to the privileges; and 5) the commitment of the physician or dentist to respect them. For a university hospital the resolution must specify the distribution of tasks related to clinical activity, research and teaching.

In terms of duration, privileges are granted for a period of 18 to 24 months and are renewed for a minimum of one year and a maximum of 3 years. However there is nothing to prevent physicians from the same department from renewing for unequal periods.

Previously at the request of the DPS, the obligation for a physician to provide temporary support for a maximum of 3 months to another facility located within 70 kilometers in case of access problems. This article was completely replaced and the 70 kilometer stipulation as well as the 3 month maximum was abolished. This authorization given by the DPS in an emergency situation was not renewable. This article has been modified to say that the authorization is for a maximum of 3 months and can only be renewed with the authorization of the Minister and on the conditions that he determines.

In terms of emergency suspension, the deadline granted to the DPS to send a report to the CMDP is 48 hours to 4 days, while the maximum period of validity of the suspension until the Board has made a decision is from 10 days to 20 days.

With respect to access to specialized and super-specialized services, the mechanism must provide that a physician must register a user on the list of access to specialized and super-specialized services of the clinical departments as soon as he determines that the services are required.

The request for a replacement is still not subject to the PEM. However the Minister must approve the application sent by the Board.

The Minister sets up a SSTASS (Système de soutien temporaire pour l'accès aux services spécialisés); public institutions operating a CHSGS must participate. This system is used to train for a prescribed specialty. That is a list of medical specialists who may be required to provide services to an institution that has significant problems accessing services. The physician is deemed to have the necessary privileges. The Minister may entrust the management of SSTASS to an institution of his choice.

Dr. Miner referred to delays in the Emergency room, noting that this directive is for hospitals where beds belong to a specific service. In this case the DPS or representative can designate which bed is to be made available. The second part of this directive is that the limit of 48 hours for a stretcher in the Emergency room has been changed to 24 hours. A hospital center must limit the length of stay in the ER to 24 hours. The only exception would be if the patient needs isolation for reasons of public health or mental health and there is no isolation room available outside the service. If a patient needs to remain in the ER for more than 24 hours then written approval from the DPS is needed.

According to the new article 191: 1) no bed can be reserved for a physician for the users it deals with; 2) a minimum percentage of beds determined by the Minister must be reserved in the clinical departments that are able to take care of the patients coming from the Emergency room; and 3) the rules for the use of resources (article 189 LSSSS) must provide that the DPS or the president of the CMDP or the physician designated by the CEO may identify clinical department or a service in which a bed must be made available to a patient.

Dr. Miner reviewed the deadlines according to the transitional and final provisions of Bill 130. The law has to be in place within 1½ years, while the department structure has to be in place within 6 months. All amendments to appointment or renewal resolutions accepted before November 10, 2017 must be in place by May 10, 2018.

Dr. Miner displayed a model resolution – renewal form which she briefly explained. A question period followed.

The meeting adjourned at 18:30.